

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43690

Registration District No. 44

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE *W*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days) 20 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo 1 (b) County JASPER
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 2402 NEW HAMPSHIRE.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1939 hour 2 minute P M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw her dead alive on December 31 - 1928
and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Block

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy View

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. M. Winchester (M. D. or other) 1/1
Address Jasper, Mo. Date signed 12-30-39

3. (a) PRINT FULL NAME ETHEL MAX ERVIN 615

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife OLLIE ERVIN 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased APR. 29 - 1896
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace STAFFORD Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE 0

11. Industry or business " " 0

12. Name JOHN BROYLES

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name EFFIE TUCKETT

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ollie Ervin

(b) Address 2402 NEW HAMPSHIRE

17. (a) BURIAL (b) Date thereof 1 - 2 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SARCOXIE CEMETERY

18. (a) Signature of funeral director HURBUT UND. CO.

(b) Address 212 Tophin St., Joplin, Mo

19. (a) 1-2-40 (b) Ed S. Jarney
(Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-168

Date Filed JAN 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Perry L. Lurebird

Licensed Embalmer No. 959

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.